# Ministers' Report to Nova Scotians

## Confident Change for Quality Care

2003–04

*We cannot solve our problems with the same thinking we used when we created them.*

Albert Einstein

## Message from Health Minister

*Your Health Matters* released last year outlined the government's priorities for health care. This document outlines the progress made since then and our goals to keep health care strong for Nova Scotians into the future.

In each district health authority I've visited recently, I was impressed by the compassion I saw, not only from the people who care for other people in hospitals, but also from the people who support the front-line caregivers.

I know Nova Scotians are in good hands.

We want to make sure the good work continues. It's our commitment to families, to health care workers, to seniors, and to all patients. In key areas, that commitment is being met with progress:

- **More doctors:** Between April 1 and December 31, 2003, 61 new licences were granted to family physicians and 54 to specialists . Last year at least 46 new physicians were recruited through the health department's physician recruitment office.
- **More nurses:** There were 156 more registered nurses at the beginning of the 2004 licensing year than at the beginning of the 2003 licensing year.
- **Shorter wait times:** Capital Health's wait times for cardiac procedures are now well within national wait time standards thanks to the cardiac catheterization lab opened with $5 million in funding from the Department of Health.

The successes are notable. So are the challenges. We cannot meet them alone. Nova Scotia is among the many provinces urging the federal government to meet the strong recommendations made in the Romanow report for shared funding.

The province has made substantially higher funding contributions to health care over this past year—more than $20 million over and above the spring budget of $2.1 billion. This amounts to a total of more than $1 billion for health care in the districts and at the IWK this year.

Over the next three years, the province commits to guarantee an annual 7 per cent funding increase in district operating expenses such as fuel and food so that health authorities can plan with confidence.

We need that same guarantee of predictable funding from the federal government, not only to expand what we offer, but, more importantly, *to sustain what we have now*.

We are making progress despite the challenges. This document outlines both.

Angus MacIsaac
Minister of Health

## Message from Health Promotion Minister

Too many Nova Scotians today are suffering from poor health. Too many people are ill for much of their lives or die too young from illnesses and injuries that are preventable.

We know that Nova Scotia has some of the poorest health statistics in the country. We recently learned we are the second most obese in the country, and childhood obesity is growing at an alarming and dangerous rate.

We're also hearing a lot about wait lists and health care spending. While government continues to invest more money to improve health services, the best long-term solution to wait lists is to keep people healthy. We plan to invest more in health promotion so people can avoid that surgery or trip to the emergency room, and so that our kids have a chance at a healthy future.

The Office of Health Promotion was created in December 2002 to improve the health of Nova Scotians. The stakeholders I have spoken to over the last year all share the same goals—better health for ourselves, our children, our communities, and our province. There is a real desire to work together to achieve this.

We know that changing our overall health status will take years—a full generation, perhaps. That's why we need to start with children and their families, to give parents the tools and supportive environments they need to help make their children healthier.

Improving health requires action by individuals and parents, by communities, and by government. People need to choose healthier lifestyles, while government needs to ensure that health is considered in all decisions.

And we are. Whether it's building a stronger economy or better roads, improving education, housing, or childcare, there are many ways in which government is contributing to better health for Nova Scotians. But we need to do more.

Our current health challenge affects us all. Let's work together to make Nova Scotia a safer and healthier place to live, work, and play.

Rodney MacDonald
Minister of Health Promotion

The Department of Health's first responsibility is for quality. It is at the heart of everything we do.

We broadly describe quality in three ways:

- the right mix of health care services and professionals across the province
- access to the right services in a timely way as close to home as possible
- standards, policies, and guidelines in place and used consistently

# Confident Change for Quality Care

Change is inevitable to keep the quality care we have now for future generations.

Today, people are surprised to hear that doctors' visits and hospital stays are still the only services required under law to be covered under the federal government's *Canada Health Act*. Constantly, much more is expected of government. Government has come through.

Across Canada, the squeeze is now on due to people's needs and expectations, rapidly growing costs, and reduced federal cost sharing.

Cardiac team members in South West Health

*"The health care we receive in Nova Scotia is second to none. My doctors in the States are very impressed with the knowledge and cardiac expertise of my doctor in Yarmouth. The doctors and nurses always take time to explain things to both of us so we can care for each other. We know we never have to worry about getting the care we need at any time here."*

Lesa and Marvin Miller of Sun City, Arizona, spend several months each year in Yarmouth. Marvin is a regular cardiac patient in South West Health.

## Keeping Quality Care First

### The right mix of health care professionals in the right places

- We are helping doctors such as Norah Mogen set up practice in rural Nova Scotia. Thanks to our plan, Dr. Mogen is now the fourth family doctor to set up office in Liverpool within the last two years.
- The new health facility in the Cobequid Community Health Centre in Sackville is scheduled to open in 2005. The Centre is a unique, leading edge facility that provides a range of health and social services in direct response to community needs.
- Nova Scotia is acknowledged as having the best ambulance service in Canada, thanks to its professionally trained paramedics.
- An addictions services unit is newly opened at Soldiers' Memorial hospital in Middleton.

## Some examples

### The right services in the right places

- IWK and Cape Breton districts received MRI diagnostic machines and both Capital Health and Cape Breton districts are opening new dialysis centres. The new CT scanner in Cumberland district performed more than 1,300 procedures in its first six months. South Shore Health has money for a new radiology unit and Annapolis Valley Health is funded for a new urology service.
- In communities across Nova Scotia, the opening of clinics is helping to shorten wait times in hospital emergency rooms. The Bridgewater Walk-in Clinic, opened last year by physicians in South Shore Health, has been welcomed with enthusiasm by local residents and hospital workers alike.

### Standards and guidelines for quality

Achieving quality care requires sound standards and guidelines. The following initiatives are now being planned for work in the next year:

- a consistent provincial approach to providing palliative care
- policies to enhance the use of the province's blood supply
- expand ways for health care professionals to share guidelines and procedures

All districts and the IWK are accredited by the Canadian Council on Health Services Accreditation (CCHSA). Accreditation means that hospitals and other services are meeting or exceeding national standards of care.

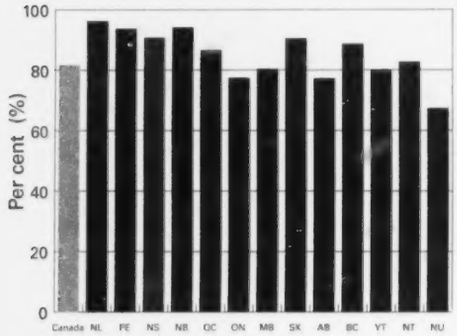
## Safety

Safety is one of the reasons the province is investing in an information system that will link patient records electronically so that every health team member who needs a patient's record will be able to access it securely as the patient moves from caregiver to caregiver, or outside their community to a larger treatment centre.

Making common information available electronically to those who need it to make decisions will reduce errors that stem from poor handwriting, confusion over drug prescriptions, and delays in transferring patient charts.

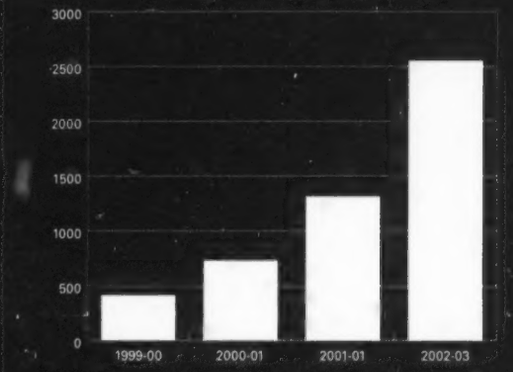
Patient Satisfaction

Very or Somewhat Satisfied with Most Recent Community-Based Health Services in Past 12 Months—Canada and Provinces, 2000




- Health Care in Nova Scotia costs $2.2 billion dollars a year. That's $6,023,271 every day or approximately $250,969 per hour.
- Each day, Nova Scotia spends $105,219 on general practitioner visits for people aged 65 and over.
- A tele-care system is being planned for Nova Scotia that will provide health advice by a qualified professional by phone to anywhere in the province.

Telehealth Patient Consultations




Nova Scotia has 45 Telehealth sites set up in every hospital so that professionals can consult long distance by video conference.

*"Those who need renal dialysis are often a small group of extremely sick individuals. Sometimes their voices aren't always heard. Government has been very responsive to these patients. It's not easy to find $7 million to build a new facility in this day and age."*

Dr. Tom Hewlett, Nephrologist, Cape Breton, commenting on the announcement of $7.4 million to expand renal dialysis services in Cape Breton, January 20, 2004, *Cape Breton Post*.

# Delivering Health Services within Communities

## The Team in Action

We are introducing health care teams into 14 communities by linking doctors with nurse practitioners. The addition of the nurse practitioner into doctors' clinics means that people have a choice of who they see and increases the time each care provider can spend with a patient.

In Halifax's North End Clinic, a doctor's clinic was augmented with a nurse practitioner, a nutritionist and a foot care specialist. More time became available for home visiting to seniors, diabetic care, counseling for adolescents, and more education about pap tests, osteoporosis, and menopause. The same clinic was also able to offer teen and adult cooking classes, grocery store tours, and support in starting a community-garden.

*"Together, the paramedics and I provide the people on Long and Brier Islands with a variety of services. I provide well-baby care, prenatal care, and immunizations, while they do things like falls assessments and blood pressure checks. We also go to peoples' homes for seniors' checks and wound care. By working together as a team, we build trusting relationships with the people living here and work for the better health of everybody."*

Kimberley Lamarche
Nurse Practitioner
Long and Brier Islands

*"As one who has traveled to the QEII for a number of MRIs, I am extremely grateful to have a machine here. I think it's wonderful that we have an MRI here for Cape Bretoners. Traveling to Halifax costs time and money—what a saving."*

Sister Rita Clare of Sydney, who was among the first to have an MRI done in the Cape Breton District Health Authority.

## Safe Links through Computers

We can now access our banking information anywhere in the world from Hong Kong to Helsinki; it only makes sense that appropriate medical information should be available to any health care worker in the province who needs it for our care, from Pubnico to Port Hawkesbury.

The Nova Scotia Hospital Information System (NShIS) is now in place in the eastern districts. People using any hospital in Cape Breton or in the Guysborough Antigonish Strait district can be confident their health care provider will have up-to-date health information from any other hospital. By ensuring appropriate patient care information is there in a timely way for health care workers, this system is expected to reduce the incidence of drug errors and increase overall safety.

Teams of caregivers are also benefitting from the enhanced images of PACs (Picture Archiving and Communications) a way of sending images over secure digital networks from hospital to hospital, or to other provinces so that diagnosis and treatment can be made without a patient having to travel.

As in banking, ensuring that personal information is secure is of paramount importance. We are complying in every way with the new federal privacy legislation that took effect this year.

*"The new information system, NShIS, recently installed in the Guysborough Antigonish Strait district, allows physicians access to lab and X-ray results quickly and with greater accuracy than in the past. This will be a tremendous benefit to the way we serve our patients."*

Dr. Don Wescott, Ob/Gyn, Antigonish

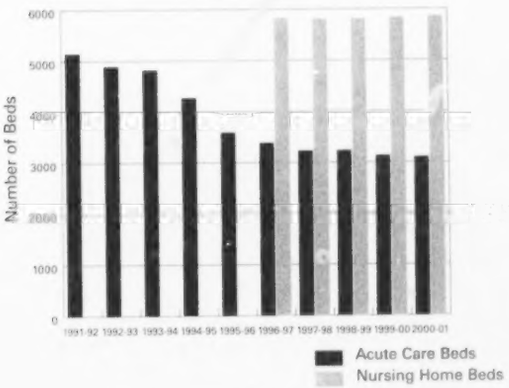
## Community Mental Health

An increase of $2 million in the mental health budgets of district health authorities and the IWK was announced this November. The money will be used for additional staff for child and youth programs, crisis response, new case managers, and a new youth sex offender treatment program.

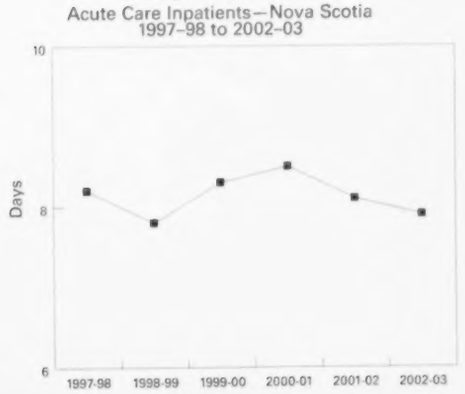
In Halifax in January 2004, the IWK and the Department of Health opened a new treatment centre for youth from around the province with severe and persistent mental health or behavioural issues. The goal is to have young people return to their communities after intensive treatment.

In 2003, a new intensive community-based mental health treatment team for children and youth was established in Cape Breton. Within six months the team handled 70 referrals.

Number of Acute Care and Nursing Home Beds in Nova Scotia

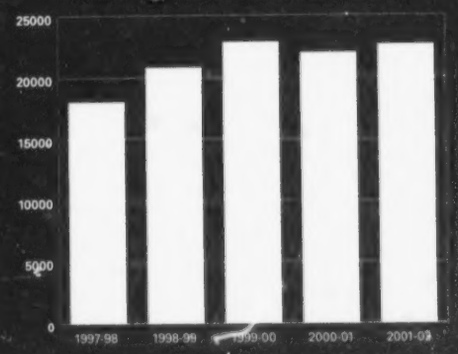



Average Length of Stay
Acute Care Inpatients—Nova Scotia
1997–98 to 2002–03




- In 2002–03 there were 94,120 ground ambulance responses. On average, there are 258 ground ambulance responses each day in Nova Scotia.
- 24 babies are delivered every day in hospitals throughout Nova Scotia.
- The annual cases of home care services have increased by a total of 4,600 from 1997–2002.

Annual Caseloads—Home Care Services



Cheryl Daye Fraser saw that a group of youth in her North End Halifax community had few opportunities to be active. With her enthusiasm and experience, she introduced them to synchronized swimming. Support from the Office of Health Promotion, Synchro Nova Scotia, and other volunteers got them gear and pool time, allowing the girls to swim for healthy fun and competition.

## Office of Health Promotion

### Strategies that Work

- Put resources where evidence shows they are most needed.
- Tackle the issues from many angles.
- Involve many partners.
- Address many risk factors, in a variety of settings.

# Helping Kids Be Active

## Physical Activity

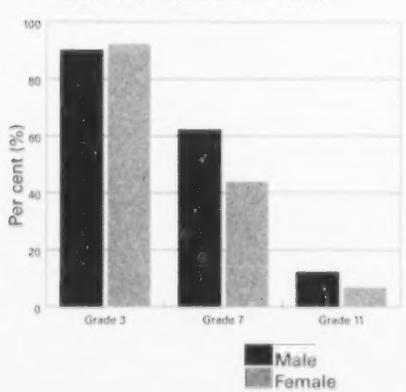
Over half of Nova Scotians are not active enough to enjoy health benefits. More disturbing is that kids today are less active than ever before, putting them at risk for a host of diseases now and in the future.

Unfortunately, inactivity is a way of life. We spend more time at desk jobs and in cars, our activity limited by labour saving devices like lawnmowers and snow blowers, while our kids play video games and watch TV. People also face barriers to being active—lack of time, lack of places and facilities to be active, and costs associated with gym memberships or registration for sport or recreational activities.

The Sport & Recreation Division of the Office of Health Promotion is leading an increase in physical activity with its *Active Kids, Healthy Kids* strategy. Through it, teachers, students, parents, coaches, administrators, and community leaders are working together to encourage in-school and after-school programs to get kids more active. The strategy also encourages communities to develop playgrounds, hiking trails, bike paths, and other places to be active.

The Office provides funding to maintain and build recreational facilities across the province to ensure that people have safe, modern places to be active, like arenas, pools, ballparks, trails and playgrounds, and provides funding for quality sport and recreation programs.

Physical Activity Levels of Nova Scotia Children and Youth*




*Percentage of youth who get the recommended level of physical activity each week.

## Healthy Eating

Recent reports show that Nova Scotians are the second most obese in the country, and childhood obesity is a growing problem.

The Office of Health Promotion will work with the Department of Education, school boards, schools, and other partners to develop a provincial school food policy. This will include guidelines to provide healthier choices in vending machines and on the menus, and give parents the tools they need to feed their children a balanced diet.

The Office of Health Promotion is also working with many partners to encourage breastfeeding, to explore ways to help low-income Nova Scotians access nutritious foods, and to put in place a provincial healthy eating strategy.

Nova Scotia has the highest rate of death from cancer and the second highest rate of diabetes in the country.

*"The campaign for a healthier future will not just take place in the operating room—but also on ballfields and in backyards. And the long-term battle for shorter wait times and better care will not just be fought in our hospitals and clinics—but also will come from our healthier homes and schools."*

Premier John Hamm, 2004

## Tobacco Reduction

Tobacco use remains overall the number one cause of preventable illness and death. In Nova Scotia, over 1,600 people die each year from smoking-related illness and 200 more die from exposure to second-hand smoke.

In 2001, Nova Scotia launched a comprehensive tobacco strategy with the help of a wide range of stakeholders. In just two years, the province's smoking rate has dropped by 5 per cent.

The strategy includes smoke-free places legislation and help for people to quit smoking. It also includes *Smoke-Free for Life* curriculum in schools, and a *No More Butts* program in which youth help their peers quit smoking.

Recently, the Office launched Great Reasons to Smoke, a new TV and print campaign targeted at youth aged 20–24. This year, the Office will introduce a new program in schools and release the first tobacco strategy report card.

## Injury Prevention

Every day in the news, we hear about a car or ATV crash, a fall, a house fire, a drowning, an incident in a workplace, or a sports injury. Though many people see them as unrelated incidents—they are all injuries.

Injury is the leading cause of preventable death for Nova Scotians under the age of 45, killing more people under 20 than all other causes of death combined.

We all need to take steps to reduce injury by managing our personal risk and creating safer environments.

Nova Scotia is the first province in Canada to adopt a comprehensive, injury prevention strategy that was developed in partnership with stakeholders. This strategy looks at the three leading causes of injury in Nova Scotia—falls among the elderly, motor vehicle collisions, and suicide.

## Addiction Prevention

A social drink with friends, a wine with dinner, beer to celebrate the end of exams—alcohol use is an accepted part of our culture. Yet problem drinking is one of the least recognized health problems in Nova Scotia.

Alcohol plays a significant role in injury, risky sexual behaviour, and chronic diseases, such as heart or liver disease. It is also a factor in crime and violence and other social problems. Many Nova Scotians consume alcohol at safe levels. However, about 20 per cent of those who drink regularly have 12 or more drinks per week, which is considered high-risk behaviour.

Problem drinking is drinking that causes problems for your personal life or for your family and friends. The Office of Health Promotion will help to inform Nova Scotians about the guidelines for safe drinking and provide more support through Addiction Services so people can seek help earlier, before serious problems develop.

## Healthy Sexuality

Nova Scotia has high rates of sexually transmitted diseases, teenage pregnancies, low birth weights, and HIV/AIDS cases.

A 2002 Nova Scotia study shows that 8 per cent of grade 7 students had already engaged in sexual intercourse. This increased to 21 per cent in grade 9; 34 per cent in grade 11; and 58 per cent in grade 12. Many who were sexually active did not use protection, or were under the influence of alcohol or drugs.

People's attitudes about healthy sexuality are often formed early in life. Healthy sexuality is more than just practicing safe sex—it involves healthy relationships, self-esteem and feeling good about the decisions you make.

The Office of Health Promotion has consulted with youth, experts in the field of sexual health, parents, teachers, and others to develop a resource to help youth make safer, healthier choices about their sexual health.

## Chronic Disease Prevention

It is estimated that chronic diseases, such as cancer, diabetes, heart disease or arthritis, cost Nova Scotia taxpayers more than $3 billion each year. Chronic diseases can take away a person's quality of life or their ability to work.

The good news is that much of it is preventable. Up to 40 per cent of chronic disease can be prevented by healthy lifestyles and addressing other factors such as income, education, and environments.

Over the last two years more than 50 stakeholder organizations helped develop a strategy to prevent chronic disease. The Office of Health Promotion is using the strategy to develop its long-term plan.

# Training, Recruiting and Keeping Our Health Professionals

- From 1998–02, Nova Scotia experienced a 5.3 per cent growth in specialists per 100,000 population. In the same time period, a 2.2 per cent growth in specialists per 100,000 population occurred Canada-wide.
- Pictou County's first palliative care medical advisor was hired this past year under the province's alternative funding arrangement.

## Care Teams

Nova Scotia's efforts to recruit physicians to rural communities is paying off. Last year alone, we recruited 38 new general practitioners and 8 specialists. As well, an annual investment through our residents' association is linking student doctors to communities where they are needed most.

While the key role played by physicians in the health care system will not diminish, the way in which they deliver care will. The world, not just Canada, is facing a physician shortage.

The fact that more and more physicians are choosing a balanced lifestyle with fewer working hours means that Nova Scotians will increasingly receive care through a team of care professionals.

Nurses and nurse practitioners are pivotal. Our nursing strategy is showing real success. The number of new nursing graduates has risen from 137 in 1999 to 186 in 2003 and more than 800 nurses are working in permanent versus casual positions compared to 1999. In 2000, there were four nurse practitioners, we now have 14 positions throughout the province.

As important as making sure we have enough doctors and nurses is making sure they are in the right places.

Part of good planning is having care teams in community settings and specialist care in key centres throughout the province. This is not just good economics, this is good care.

Cindy Greenwell of Halifax, a licensed practical nurse and medical assistant in the army reserves, is studying to become a medical laboratory technologist (MLT) with a bursary from the Department of Health.

*"This is a good step for me in my education and career, and I look forward to providing the key services of a medical laboratory technologist to Nova Scotians."*

## New Ways

We are supporting health care professionals who are willing to work together in new ways through professional development and plans such as the Alternative Funding Plan, or AFP. An AFP is essentially a guaranteed annual payment for a physician. In return, a physician agrees to provide services, including some that are not covered under the fee-for-service system, such as providing health education or working closely with a local nursing home.

More and more, physicians in Nova Scotia are working through an AFP. The number of physicians receiving alternative funding has risen from about 9 per cent in 1998 to 21 per cent in 2003.

AFPs also make it easier for doctors to be flexible in their workloads at critical times. For example, a health authority could ask a surgeon on AFP to reduce his or her elective surgeries for a few weeks during flu season so that the hospital beds could be free for the higher number of patients expected during that time. The surgeon would not lose income.

In a 2001 Statistics Canada Health Services Access Survey, 94 per cent of Nova Scotians over 15 years old reported having a regular family doctor.

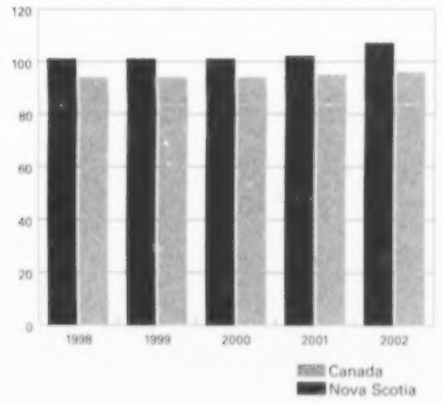
## Telehealth Saves Lives

When a patient in her seventies baffled the staff of a rural hospital with a bad skin condition, her doctor arranged for a video conference with Dr. Jennifer Klotz, head of dermatology at the Queen Elizabeth II Health Sciences Centre in Halifax. Dr. Klotz examined the patient using the telehealth system and immediately ordered an emergency transfer to the QEII. By the time the patient arrived later that day, she'd lost about 20 per cent of her skin. A team of specialists were waiting and went to work. The patient was discharged two weeks later, fully recovered. This case is only one of many handled annually via Nova Scotia's 45 Telehealth sites set up in every hospital.

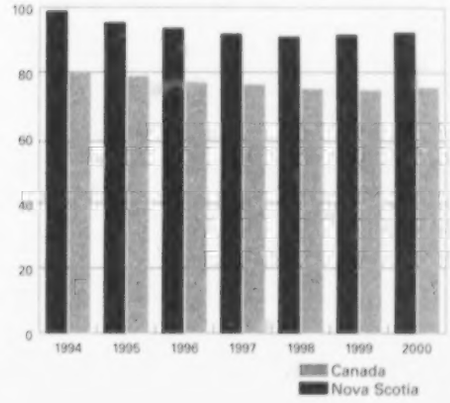
## Bursaries

Our bursary program will ensure that 31 certified medical laboratory technologists report to work in Nova Scotia in the near future. A similar program is encouraging more people to take the continuing care assistant program through the Nova Scotia Community College. To date, 150 of these bursaries have been approved.

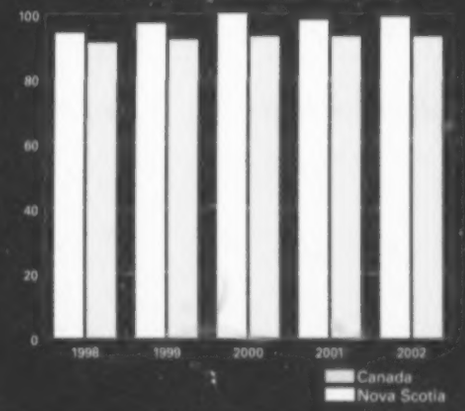
Number of Family Physicians per 100,000 Population, Nova Scotia and Canada, 1998–2002




Number of Nurses per 100,000 Population Nova Scotia and Canada, 1994–2002



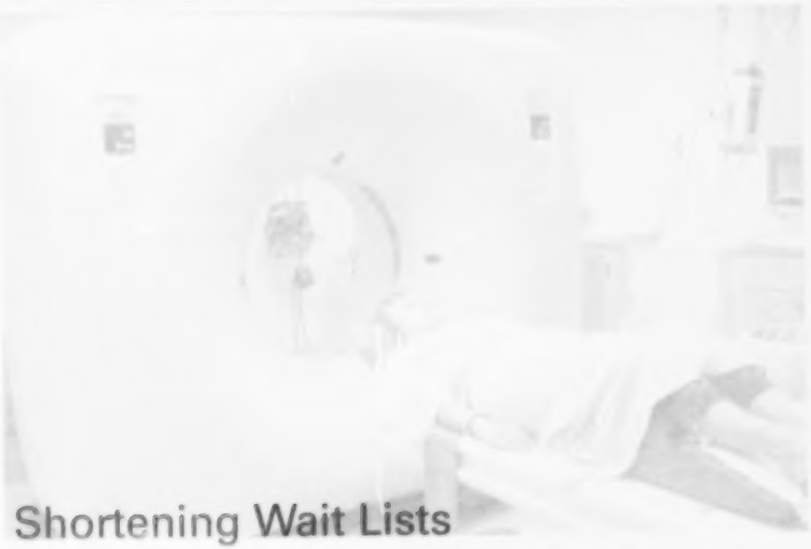

Number of Specialists per 100,000 Population Nova Scotia and Canada, 1998–2002




- From 1998–2002, Nova Scotia experienced a 5.9 per cent growth in family physicians per 100,000.
- In the same time period, a 2.1 per cent growth in family physicians per 100,000 occurred Canada-wide.
- Since 1999, the number of new nursing graduates eligible for licensing has risen from 137 to 186.
- To help meet future demands, a joint study of 31 health professions in Nova Scotia was completed by the department and Human Resources Development Canada.

*"A health care team has tremendous benefits for patients. They get better access to professionals with the right skills, and they can participate in their own care plans. Communication between team members is frequent, so a change in condition can be identified quickly and the right action taken."*

Helen Wedge, physiotherapist
Capital Health



No one in Nova Scotia waits for emergency life-and-death care.

This winter, we took decisive action on a number of fronts to shorten the lengthy times people can wait for necessary procedures for non-life-threatening conditions.

# Shortening Wait Lists

Cancer Care Services Wait Times, Radiation, Capital Health, July 2003

- Urgent cases wait times decreased from 14 to 9 days
- The next urgent cases wait times decreased from 26 to 18 days
- Less urgent cases wait times decreased from 55 to 28 days
- Other cases wait times decreased from 60 to 41 days

*"A third surgeon will shorten existing wait times for patients needing orthopaedic consultations and surgical procedures. It will bring specialized care closer to home for people in northern Nova Scotia."*

Dr. Samir Chhabra, orthopaedic surgeon, Pictou County Health Authority. Pictou County recently became a fully staffed provincial orthopaedic centre with the addition of funding for a third surgeon.

## Better Information

Hand-in-hand with the province's fast response to critical concerns are actions coming out of the Report of the Provincial Wait Time Monitoring Project Steering Committee.

The aim of the committee, made up of health care professionals from around the province, is to improve the information about wait times for key services so we can address problems before they become crises.

What one district or doctor considers in wait times information is often different than others, making it hard to compare and understand what services people are waiting for and how long. Reporting information consistently and regularly is key to future action.

## The Commitment

The government is acting quickly on the recommendations of the Wait Time Monitoring Project Steering Committee and is committing funding each year over the next five years to implement standardized, province-wide wait time information. This will begin with orthopaedic surgical services wait times, MRI and CT scan wait times, and wait times for referral from family physician to a gastroenterologist, medical oncologist, or plastic surgeon.

We're going further and establishing a standing advisory committee of health care professionals and departmental staff. Their priorities are to

- oversee the development of a province-wide way of collecting standard wait time information for a range of health care services
- publish wait time information so that Nova Scotians can make informed choices about whether to seek care from another physician if wait times are shorter
- work to address the bottlenecks so that wait times are shortened

The federal government said in its Speech from the Throne it would support the national Health Council in the "development of information on which waiting-time objectives can be set, and by which Canadians can judge progress toward them."

We are also committed to moving forward to ensure that we have the right information to make the right decisions. We look forward to the participation of the federal government.

## More Funding, More Beds, More Operating Time

A 10-point plan is working to help the emergency room at the QEII Health Sciences Centre. More beds, better information, and faster consultations are making a difference in wait times.

To reduce wait times for orthopaedic surgery, the Minister of Health announced plans to add 25 acute care beds and more operating time (equivalent to one additional OR) for orthopaedic surgery at the QEII Health Sciences Centre. This will be fully implemented by September 2004.

Dr. Michael Dunbar, head of Capital Health's Orthopaedic Wait Time Project and a member of the Provincial Wait Time Monitoring Steering Committee.

*"The impact of the Minister's announcement will help bring wait times down to within the national standard of six months—this is good news for patients."*

# Caring for Our Seniors

- Last year, the Senior Citizens' Secretariat began distributing a medication record book to help seniors keep track of prescription and non-prescription drugs on their own or have their pharmacist update the book each time they buy new medication. This record will help doctors and pharmacists identify drug interactions or side-effects that might cause health problems.
- The Seniors Citizens' Secretariat operates a toll-free information line for seniors.
  Call 1-800-670-0065

When 85-year-old Marjorie MacLeod's cough got more bothersome late last December, the resident nurse in her seniors' complex advised she go to her doctor. Her doctor found her in the early stages of pneumonia. After a two-week course of antibiotics and rest at home, her lungs cleared. Mrs. MacLeod feels that without the nurse at hand to give her good advice she might have ended up at the ER. "I might not have gone to my doctor myself for just a cough. Thanks to the nurse in this seniors' complex, I think I avoided a hospital stay."

This is an example of a senior receiving the care they need at the right time in the right place. For many kinds of seniors' concerns, hospitalization is not always best.

The right care at the right time in the right place is what the Department of Health strives to provide for all Nova Scotians. The need is most critical for our seniors.

## Aging in Your Community

The department is looking at the range of services available in the community with an eye to the concept of "aging in place" and how that can happen meaningfully within limited resources.

"Aging in place" is having the right supports for you to live in your home or community as you need more care.

It is important to develop supports for seniors that allow for independence yet at the same time provide what seniors need. With more federal government funding we can move more quickly in this direction.

- Nova Scotia's long term care budget has grown from $155 million in 2000–01 to $222.5 million in 2003–04.
- In Nova Scotia, one in seven people is over the age of 65. In Alberta, it is one in ten.
- Continuing Care Toll-free line: 1-800-225-7225
- Those under 65 years of age visit their family doctors an average of five times a year, while people 65 years of age and older visit an average of nine times a year.

## Home Care

Efforts toward keeping seniors in their communities in Nova Scotia is evident by the increase in the home care budget over the past five years, from $69.8 million in 1999 to $127 million in the last budget.

## Family Caregivers

The value of caregivers who are family or friends in allowing the people they love to stay at home throughout illness is appreciated by this government. We fund the office of the Family Caregivers Association, a group that gives much-needed support to caregivers.

## Help with Seniors' Drug Costs

Seven hundred and fifty more low-income seniors will be able to participate in the Pharmacare program without paying a premium, thanks to changes introduced in February 2004. The government is adding an additional $12 million to the plan in 2004–05 to meet increasing drug costs. The premium for seniors will increase by about a dollar a week.

## Nursing Homes

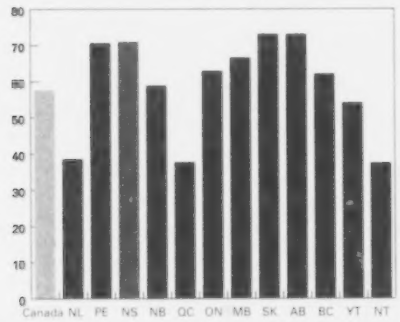
This year we have added 91 long-term care beds in the province, and approximately 25 more are planned for next year in Cape Breton.

We remain committed to covering the health care costs of seniors living in nursing homes. It is the right thing to do.

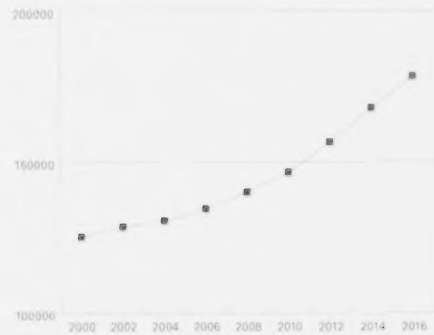
*"The Home Care my aunt has received has helped her to come alive again. She is doing daily exercises and everyone who sees her says she is so much better. The care providers keep me informed throughout. They are so patient and helpful with my Aunt Ruth. We have our down times but the up times far outweigh them now."*

Joella Hurley
Halifax

Age Standardized Total Hip Replacement Rate
2000–2001




Nova Scotia Population Projection 2000–2016
Age 65+




## Caring for Bones and Joints in Nova Scotia

- Keeping bones healthy and working well is important to seniors.
- In Nova Scotia in 2000, about 1,797 fractures were related to osteoporosis.
- About 64 per cent of these were hip fractures, resulting in 23,000 inpatient hospital days.
- We need to identify and treat osteoporosis to reduce risk of fractures.
- With the release of the 2002 *Managing Osteoporosis Report* the province approved two new bone densitometry units, making five units in the province.

- In 2002–03, there were 99,517 inpatient stays in hospital.
- Nova Scotia's hip and knee replacement rates are among the highest in the country.



Healthy habits such as hand washing and a clean kitchen are just as important as antibiotics and vaccines.

Whenever possible, Dr. Jeff Scott and local public health offices offer advice to people on ways to prevent or manage an illness. The Chief Medical Officer of Health's website www.gov.ns.ca/health/opmoh has information on infectious diseases in Nova Scotia and how to prevent them.

# Public Health

*"Wash your hands often! It may seem simple, but I can't overstate how important hand washing is. Everything from flu to infections to stomach viruses can be prevented by washing your hands often."*

Dr. Jeff Scott
Chief Medical Officer of Health

Dr. Jeff Scott, Chief Medical Officer of Health, with Dr. Maureen Baikie, Associate Medical Officer of Health

## Flu Vaccine

This past winter more than 350,000 flu vaccines were purchased, enough to vaccinate one-third of the province's population. This is a significant increase over past years.

In 2003, vaccines were offered free-of-charge not only to seniors and those with high-risk conditions, but also to health care workers, students and volunteers in hospitals, firefighters, and police officers.

## New Vaccines

Starting this year, the chickenpox (varicella) vaccine is available free of charge to all babies and toddlers born on or after January 1, 2002. It is also free for four and five-year olds as part of the school entry immunization program.

We will continue to work toward introducing new vaccines and encourage the federal government to fund a National Immunization Strategy, as recommended in both the Naylor and Kirby Reports. This will ensure that all Canadians have equal access to the very expensive vaccines that are currently approved for use in Canada, and those that become available in the future.

## Preparing for New Disease

Watching for new illnesses such as SARS is becoming more and more important. We have placed a new surveillance system in provincial hospitals to watch for and report on severe respiratory illnesses or new strains of flu.

Other new illnesses such as West Nile Virus and Lyme Disease are tracked through partnerships with various government departments to test for the infection in animals or insects.

## Preparing for Emergencies

We work closely with Health Canada and other provinces and territories to develop national plans for health emergencies. These plans prepare for a range of emergencies such as smallpox, and pandemic influenza, a severe form of the flu predicted by experts to affect the world within the next five to ten years. In turn, we work with the districts to coordinate a provincial response.

**If all children eligible for the chickenpox (varicella) vaccine receive it, by 2007 all Nova Scotian children under the age of eight will have immunity to this disease.**

The province is also better preparing itself for public health emergencies with a new *Health Protection Act*, introduced in the House of Assembly last fall. The new legislation will balance the protection of the health of Nova Scotians with the rights of individuals.

**It is a startling statistic and perhaps the most important in this report: 45 per cent of Nova Scotia's provincial operating budget now goes to health care. Approximately 75 per cent of any province's health care budget goes to salaries—health care is labour-intensive.**

# Investing When and Where It Counts

**Fundamental to improving health care in Nova Scotia is long-term, predictable funding from the federal government.**

*"Planning is essential for an operation as huge as Nova Scotia's health system. And money is key to planning."*

David Rodenhiser, *Daily News*, "Health needs cash cure" February 1, 2004

Our health budget is $2.2 billion. That means every hour, $250,000 is spent on health care in Nova Scotia. The $60 million in additional federal funding coming to us in 2004 will cover only 240 hours or 10 days of health care in Nova Scotia.

We at the department spend time on planning so we can spend money where it will make the most difference to the most people. For example, the time we spent planning the right provincial approach to cardiac care has made a difference. In December 2002, people needing elective cardiovascular surgery waited 43 weeks. In December 2003, they waited 9 weeks.

We are confident that our wait times monitoring plan will show the same results in the near future for orthopaedic surgery.

The reality is that the best planning needs the right funding. The key to reducing wait times and meeting the needs of large numbers of aging people in Nova Scotia will be to strengthen and build the system. That takes more than planning—it takes funding.

We are pleased that the federal government has made reducing wait times its priority; we will be more pleased when that commitment is supported with real money added to our provincial health care budget, year after year, in the same way we have supported our districts and the IWK with guaranteed annual funding.

"We have to make our decisions based on evidence and best practice. This ensures that we get best value for the money in our budget. Using evidence helps us improve the health of the people we serve and improves access to programs throughout the district."

John Malcom, CEO, Cape Breton District Health Authority, speaking on running a district health authority

# Now More than Ever ...

Based on current rates of spending and revenue in Nova Scotia, by fiscal year 2024–25, health care spending alone will exceed total revenues.

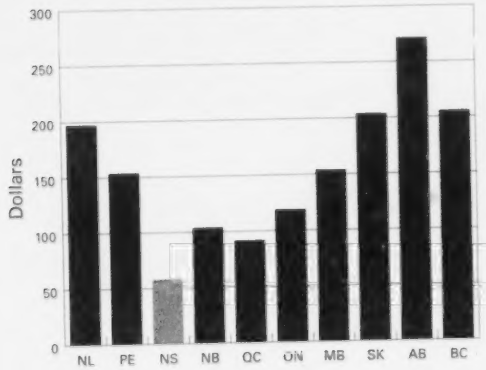
## Health Is a Shared Responsibility

- The Department of Health must set good standards for quality care.
- Nova Scotians must lead healthier lives and understand that changes in health care do not mean worsening care.
- Health care providers must adapt to positive differences in the way they deliver care.
- The provincial government must continue to add money where it is of most benefit according to evidence, not anecdote.
- The federal government must do its share if Canada is to continue to have a publicly funded health care system.

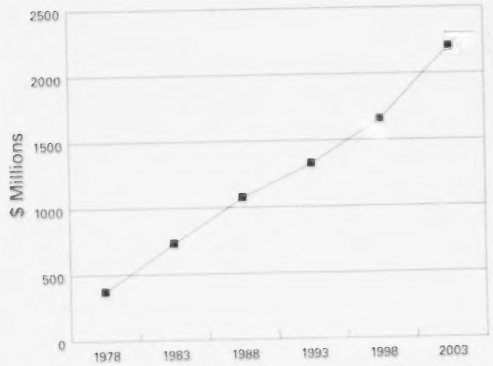
*"Providing Nova Scotians with better and faster access to health care means solid information, good planning, a cooperative approach, and of course, the people and resources to make it happen. It also requires a greater focus on healthy living."*

Dr. Tom Ward
Deputy Minister
Department of Health

Administration and Public Health Expenditure per Capita, by Province—2002




Nova Scotia Provincial Government Health Care Expenditures




- One-quarter of all Nova Scotians have a long-term limitation or handicap.
- Nova Scotians have the country's highest reported use of disability days.
- While the average Nova Scotian will live just as long as other Canadians, he or she may experience short- or long-term disabilities up to three years sooner. The average Nova Scotian will live until 65.5 years free from disability, while the national average is 68.6 years.
- Medical care costs for people with chronic diseases account for 60 per cent of total medical care expenditures, or $1.2 billion a year in Nova Scotia.
- Combining direct medical costs ($1.24 billion) and indirect productivity losses ($1.79 billion), the total economic burden of seven types of chronic illness exceeds $3.0 billion a year in Nova Scotia.
- It is estimated that 40 per cent of chronic illness can be prevented.
- Nova Scotia's diabetes centres have reported a 98 per cent increase in the number of newly diagnosed referrals from 1993–94 to 2002–03.

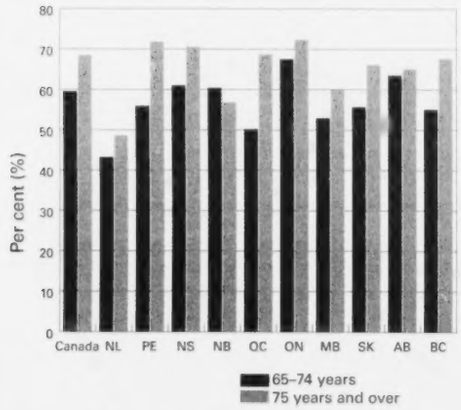
- Nova Scotia is becoming an increasingly diverse province.
- According to the 2001 census, 34,525 Nova Scotians identified themselves as belonging to visible minority groups. More than 34,000 Nova Scotians identified their mother tongue as French, and more than 26,000 Nova Scotians identified their mother tongue as a language other than English or French.
- The department is channeling money from Health Canada's Primary Health Care Transition Fund (PHCT) to the districts to help develop diversity and social inclusion initiatives in community health care services.

# Health Dollars at Work

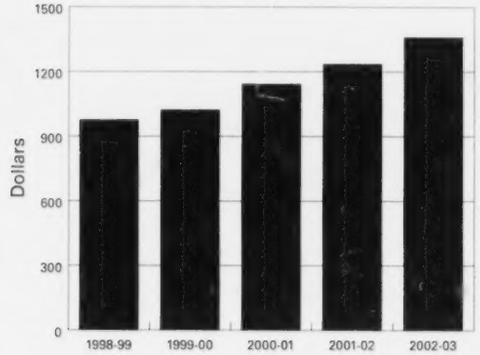
- It costs $18,818 a day to run the operating rooms at the Valley Regional Hospital.
- It costs $133,211 a day to run the operating rooms at the QEII.
- It costs $7,732 a day to run the operating rooms at Yarmouth Regional.
- It costs $16,058 a day to run the operating rooms at Aberdeen Hospital in Pictou County.
- On any given day at the QEII there are 185 emergency room visits. It costs $22,730 to run the emergency room for one day at QEII.
- On any given day, there are 90 emergency room visits at the Aberdeen hospital in Pictou County. It costs $7,214 each day to run the emergency room.
- On any given day, there are 105 visits to the South Shore Regional and Fishermen's Memorial hospitals' emergency rooms. It costs $5,694 each day to run these emergency rooms.
- The average life expectancy at birth in Nova Scotia has increased from 74.2 in 1980 to 78.7 in 1999.
- $536,381,928 was spent on insured services in Nova Scotia in 2002–03.
- $1.5 million is spent each day on insured services (dental work, physician services, prescriptions).

Costs vary in facilities according to a number of factors , e.g., size and scope of services, number of operating rooms, volume of patients.

Percent Seniors Reporting Immunization for Influenza, Canada and Provinces, 2000




Seniors' Pharmacare Program: Program Cost Per Beneficiary



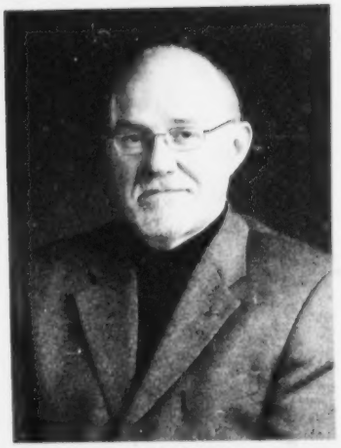

- French-speaking Nova Scotians now have the benefit of a Francophone coordinator at the Department of Health.
- For teens in Nova Scotian communities, the number of youth health centres is increasing rapidly. In 2002, there were 27 in communities around the province. Now there are more than 35.

- Breast screening is now available to women province-wide through mobile clinics and fixed clinics.

If you have any questions regarding the source of data used in this report, please call, toll-free, 1-800-565-3611.

# Healthy Living: If we only knew it was a crisis

Reprinted with permission from the *Chronicle Herald*, Saturday, January 31, 2004; Bob Howse, Editor-in-Chief, speaks to Dr. Tom Ward, Deputy Minister, Department of Health.



Dr. Tom Ward
Deputy Minister
Department of Health

While I've been writing on long-term health issues over the past week, it often seemed there was a more immediate health crisis I should have been writing about instead.

An obvious one is the situation in the QEII's emergency room, where half the beds on some nights have been occupied by patients waiting to be admitted to another ward where there were no beds to receive them.

Several times last month, I'd seen this gridlock myself. I'd seen the stress and frustration of medical staff, patients and families. When ER staff demanded action to free acute care beds, I could relate to the urgency of what they were saying.

While I had written on the ER crunch, it still felt odd to be looking at issues like managing the rising tide of chronic disease when readers' focus was on problems like the ER and waits for orthopaedic surgeries.

But facing up to the urgent and the longer term in health is not an either/or proposition.

For Deputy Health Minister Tom Ward, part of the job is getting us to think about coping with the future as well as now.

Dr. Ward says he has to be "concerned about distribution of resources today." But he has a "responsibility," too, he says to challenge the historical view that the department's job is just providing hospitals, doctors and nurses; and to prepare people for trends and changes that "are going to happen."

For example: "We have an impending physician shortage; it's a global issue. We're going to have to talk about a different mechanism, about managing things better."

"And that requires an investment that is difficult for anyone to see: information infrastructure, education, new ways of doing things for health care professionals, engagement of communities, citizens and families."

If doctors and indeed, nurses are scarcer, we must use them differently and develop supplements like tele-medicine, community support programs, nurse practitioners.

We also have to get health into the information age.

As Dr. Ward says, the public health system is a $125 billion annual business in Canada and "the most information-intense business in the world." Yet it has had "basically zero investment" in information infrastructure.

We have bank cards that can draw cash on the other side of the globe, but no health cards that can provide a paramedic in the next county with our medical history, allergic conditions or family doctor's phone number.

Imagine telecommunications today if we still relied on human operators to switch calls. Either we'd all be working as operators or the system could not handle today's traffic (or both).

If we don't do things differently, such as creating good community and home-care programs that free hospital beds and unjam emergency wards, we risk being overwhelmed by the burden of disease.

There is basic economics, too. We seem to have "tacitly agreed," says Dr. Ward, "that somehow or other, we will always have the resources." But "the pragmatic economic realities" are that costs of today's health system are growing at twice the average rate (6 per cent) of economic growth.

There is also a growing international view that countries with healthy populations are the best places to invest. A healthy public will increasingly be seen by business as an element of sustainable economic development.

So, there is one crisis-feeling Dr. Ward would like to see - a public sense that community-based disease management and health promotion programs are urgent and essential.

"I know people respond to crises in the province," he says. "Look at Swissair, look at 9/11, look at hurricane Juan. When it became an issue, everyone just stopped what they were doing and began to do what they had to do."

"If I could find that button and press it, to have everyone in the province committed to dealing with the coming health issues, that would be the greatest success I could ever desire."

Right now, providing health care in Nova Scotia costs $250,000 each hour. Based on current rates of spending and revenue in Nova Scotia, by the fiscal year 2024–25, health care spending will exceed total revenues in the province.

NOVA SCOTIA
Health
Health Promotion

1-800-565-3611